22 Revision: HCFA-PM-91-4 (BPD) OMB No.: 0938-August 1991 State/Territory: UTAH Citation 3.1(a)(9) Amount, Duration, and Scope of Services: EPSDT Services (continued) 42 CFR 441.60 /X/ The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements: The agency will conduct semiannual reviews of a random sample of all children, both open and closed cases. The review will be based on a monitoring instrument developed by the agency and made available to the continuing care providers. 42 CFR 440.240 (a) (10) Comparability of Services. and 440.250 Except for those items or services for which sections 1902(a), 1902(a)(10), 1903(v), 1915 and 1925 of the Act, 42 CFR 440.250, and section 245A 1902(a) and 1902 (a) (10), 1902(a) (52), 1903(v), 1915(g), and of the Immigration and Nationality Act, permit exceptions: 1925(b)(4) of the Act (i)

- (i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.
- (ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.
- (iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.
- /X/ (iv) Additional coverage for pregnancy-related services and services for conditions that may complicate the pregnancy are equal for categorically and medically needy.

TN No. 92-01 Approval Date 2 11 92 Effective Date 1 1 92
Supersedes
TN No. 91-20 HCFA ID: 7982E

Revision: HCFA-AT-80-38 (BPP) May 22, 1980

State UTAH

Citation 42 CFR Part 440, Subpart B 42 CFR 441.15 AT-78-90 AT-80-34

- 3.1(b) Home health services are provided in accordance with the requirements of 42 CFR 441.15.
 - (1) Home health services are provided to all categorically needy individuals 21 years of age or over.
 - (2) Home health services are provided to all categorically needy individuals under 21 years of age.
 - Yes
 Not applicable. The State plan does not provide for skilled nursing facility services for such individuals.
 - (3) Home health services are provided to the medically needy:
 - ✓ Yes, to all
 - Yes, to individuals age 21 or over; SNF services are provided
 - Yes, to individuals under age 21; SNF services are provided
 - No; SNF services are not provided
 - Not applicable; the medically needy are not included under this plan

IN <u>‡ 2-81</u> Supersedes IN <u>‡ 76-41</u>

Approval Date_3/23/81

Effective Date 1/1/81

Revision: HCFA-PM-93-8 (BPD)

December 1993

UTAH State/Territory:

Citation Amount, Duration, and Scope of Services (continued)

42 CFR 431.53 (c) (1) Assurance of Transportation

> Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in ATTACHMENT

3.1-D.

42 CFR 483.10 (c) (2) Payment for Nursing Facility Services

The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10

(c) (8) (i).

TN No. 24/94 Effective Date 10/1/93 Supersedes Approval Date TN No. 91-20

PERICIAL

Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

State UTAH

Citation 42 CFR 440.260 AT-78-90

3.1(d) Methods and Standards to Assure Quality of Services

> The standards established and the methods used to assure high quality care are described in ATTACHMENT 3.1-C.

76-41 3-21-76 Effective Date 11-23-76 Supersedes Approval Date IN #

FFICIAL

Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

State____UTAH

<u>Citation</u> 42 CFR 441.20 AT-78-90

3.1(e) Family Planning Services

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

TN # 76-41 Supersedes TN # Revision:

HCFA-PM-87-5

(BERC)

OMB No.: 0938-0193

APRIL 1987

State/Territory:

Utah

Citation 42 CFR 441.30 AT-78-90

1903(i)(1)

of the Act.

P.L. 99-272 (Section 9507)

3.1 (f) (1) Optometric Services

Optometric services (other than those provided under §§435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

/ / Yes.

// No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

 \sqrt{X} Not applicable. The conditions in the first sentence do not apply.

(2) Organ Transplant Procedures

Organ transplant procedures are provided.

/ / No.

/X/ Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.

IN No. 3/-Supersedes TN No. 76-4

Approval Date $\frac{7/24/87}{}$ Effective Date $\frac{4/1/87}{}$

HCFA ID: 1008P/0011P

٠.	Revision:	HCFA-PM MARCH 1		•	(BE	C)	OME	No.:	0938-0193
		State/I	erri	tory	; _	Utah			
	<u>Citation</u> 42 CFR 431 AT-78-90	.110(ъ)	3.1	(g)	Par	icipation by Indian Health	Servi	ce Fac	ilities
					pro	an Health Service faciliti iders, in accordance with same basis as other qualif	42 CFR	431.1	10(b), on
	1902(e)(9) the Act, P.L. 99-50 (Section 94			(h)		iratory Care Services for viduals	Ventil	ator-D	ependent
					30C	iratory care services, as ion 1902(e)(9)(C) of the A r the plan to individuals	ict, ar		ided
					(1)	Are medically dependent on life support at least six			
					(2)	Have been so dependent as single stay or a continuou hospitals, SMFs or ICFs fo	s stay	in on	e or more
						// 30 consecutive days;			
•						days allowed under the			
	-				(3)	Except for home respirator respiratory care on an inphospital, SMF, or ICF for payments would be made; .	atient	basis	in a
						Have adequate social suppo cared for at home; and	rt ser	vices	to be
					(5)	Wish to be cared for at ho	mė.		
						The requirements of sectare met.	ion 19	02(e)(9) of the
				<u>√x/</u>		applicable. These service	s are	not in	cluded in

TN No. 3/-87Supersedes TN No. 78-3

Approval Date 7/24/87 Effective Date 3

HCFA ID: 1008P/0011P